

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12958

1. PLACE OF DEATH

County

Village or City

Charles
La Plante Md.

No.

Registration Dist. No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

30 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Leon Bailey

(a) Residence: No.

La Plante Md.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Frances Worwiche Bailey

6. DATE OF BIRTH (month, day, and year)

Aug 13-1895

7. AGE

Years

Months

Days

If LESS than

40

2

+18

1 day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BDDKKEEPER, etc.

Grocer.

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

6 mos ago

11. Total time (years)
spent in this
occupation

14

12. BIRTHPLACE (city or town)

(State or country)

Bel Air
Md.

FATHER

13. NAME

Barrie Bailey

14. BIRTHPLACE (city or town)

(State or country)

York Pa.

MOTHER

15. MAIDEN NAME

Alice Palmer

16. BIRTHPLACE (city or town)

(State or country)

Jamestown
Pa.

17. INFORMANT

(Address)

Mrs. M. Schwartz
5420 Conn Ave N.W. Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Rest Cem. Nov 24

Date

1935

19. UNDERTAKER

(Address)

Hunt and Ryan
Walton Md

20. FILED

Nov 24

1935

Lillian Posy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 1st

(Month)

(Day)

1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug.

1935

to Nov. 1st

1935

I last saw him alive on Nov 1st.

1935

death is said

to have occurred on the date stated above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Chronic Nephritis

3 yrs.

Chronic Hypertension

Chronic Myocarditis

Other Contributory Causes of importance:

Exhaustion
& Toxicemia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

1935

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

James E. Nolan
La Plante Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12959

1. PLACE OF DEATH

County Chesapeake Registration Dist. No. 106
 Village or City Bay View Road No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Joseph Henry Brown
 (a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>brn</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Nov. 15, 1935</u>		
7. AGE Years _____ Months _____ Days <u>9 10</u> If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Whistle Creek</u> (State or country) <u>Accokeek, P. Geo. Co., Md.</u>		
FATHER	13. NAME <u>Jas. C. Brown</u>	
	14. BIRTHPLACE (city or town) <u>Chesapeake</u> (State or country) <u>Md.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Rosemond</u>	
	16. BIRTHPLACE (city or town) <u>Md.</u> (State or country)	
17. INFORMANT <u>E. E. E.</u> (Address)		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Home</u> <u>Rosemond</u> Date <u>11/26</u> , 19 <u>35</u>		
19. UNDERTAKER <u>Pennsylvania</u> (Address) <u>Springfield Md.</u>		
20. FILED <u>11-25</u> , 19 <u>35</u> <u>M. E. Rosemond</u> <u>Deputy local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>11-25</u> (Month) (Day) 193 <u>5</u> (Year)	22. I HEREBY CERTIFY, That I attended deceased from <u>11/24</u> , 19 <u>35</u> , to <u>single</u> I last saw him alive on <u>11/24</u> , 19 <u>35</u> ; death is said to have occurred on the date stated above, at <u>3 P.</u> m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows: <u>throat</u> <u>well intentioned</u> <u>homicide</u> <u>crime - alien</u>	Date of onset
Other Contributory Causes of Importance:		
Name of operation _____ Date of _____		
What test confirmed diagnosis? _____ Was there an autopsy? _____		
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Manner of injury _____		
Nature of injury _____		
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>E. B. Owens</u> M. D. (Address) <u>Rosemond, Md.</u>		

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12960

1. PLACE OF DEATH

County

Charles

Village or City

Glymont

No.

St.

Ward

Length of residence in city or town where death occurred

23

yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Eda Virginia Chase

(a) Residence: No.

Glymont

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

William Chase

6. DATE OF BIRTH (month, day, and year)

June 5, 1891

7. AGE

Years

Months

Days

If LESS than

1 day, ----- hrs.

or ----- min.

44

5

5

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

own home

10. Date deceased last worked at
this occupation (month and
year)

Oct 1935

11. Total time (years)
spent in this
occupation

one

12. BIRTHPLACE (city or town)

Pizzah

(State or country)

Md.

FATHER

13. NAME

Joseph Brown

14. BIRTHPLACE (city or town)

Md.

(State or country)

MOTHER

15. MAIDEN NAME

Maria Simmons

16. BIRTHPLACE (city or town)

Md.

(State or country)

17. INFORMANT

(Address)

Wm. Chase (husband)

Glymont.

18. BURIAL, CREMATION, OR REMOVAL

Place

Pomphrey

Date

Nov 12, 1935

19. UNDERTAKER

(Address)

Perry & Coffey
Nutmeg Springs

20. FILED

Nov. 10, 1935

F. E. Dunnington

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 10

(Month)

(Day)

1935

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

October 26, 1935, to November 9, 1935

I last saw h. alive on

November 9, 1935

; death is said

to have occurred on the date stated above, at

9:35 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Apoplexy

Hypostatic pneumonia

Bilateral lobar pneumonia

Duration 2-3 weeks

Date of onset

10/26/35

11/6/35

Other Contributory Causes of Importance:

Hypertension

1933

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Frank G. Susan

M. D.

(Address)

Indian Head Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WE PLAIN: WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County Charles
 Village or City Near Charlotte Hall (No. _____, _____ St.; _____ Ward)
STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 108

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME No name Curtis

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX Female 4 COLOR OR RACE blue 5 SINGLE MARRIED, WIDOWED OR DIVORCED Single
(Write the word)

 6 DATE OF BIRTH Nov 24, 1911
(Month) (Day) (Year)

 7 AGE Steel born If LESS than 1 day, ____ hrs. OR ____ mo., ____ ds.

 8 OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry business, or establishment in which employed (or employer)

 9 BIRTHPLACE (State or country) Near Charlotte Hall Charles Co. Md.

 PARENTS
10 NAME OF FATHER Henry Curtis
11 BIRTHPLACE OF FATHER Mechanicville N.Y.
(State or country)
12 MAIDEN NAME OF MOTHER Ann Woodland
13 BIRTHPLACE OF MOTHER near New York
(State or country)

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alice Woodland
(Address) Charlotte Hall Md.

 15 Filed 11/25/35, 1911 Eva Chappelle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH Nov 24, 1911
(Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from 191 ____ to Nov 24, 1911,
that I last saw him alive on, 191 ____

 and that death occurred on the date stated above, at 4 p.m.
The CAUSE OF DEATH * was as follows:
Steel Born

 Contributory Heart
Secondary
(Duration) ____ yrs. ____ mos. ____ ds.

 (Signed) H. Chappelle M.D.
Nov 25, 1911 (Address) Stony Brook N.Y.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

 At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence

 19 PLACE OF BURIAL OR REMOVAL Near Charlotte Hall DATE OF BURIAL Nov 25, 1911
on farm of Eiden Ogden
20 UNOERTAKER Henry Curtis ADDRESS Charlotte Hall Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

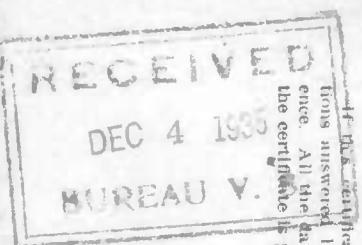
[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Fire engine*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Teacher," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *menin-*

ges, peritonaeum, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles (disease causing death)*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Hæmition," "Marasmus," "Old Age," "Shock," "Tranquity," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal *septicæmia*," "Puerperal *peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as *accidental*, *suicidal*, or *homicidal*, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*, *Struck by falling train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12962

1. PLACE OF DEATH

County

Chooles

(91-2)

Registration Dist. No.

108

Village or City

llalealam

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

55

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Lizzie Davis

(a) Residence: No.

malcolm, Md.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

C

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

m

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Geo Davis

6. DATE OF BIRTH (month, day, and year)

Dec 25 1898

7. AGE

Years

Months

Days

If LESS than
1 day, --- hrs.
or --- min.

46

10

26

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

House work

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

at home

10. Date deceased last worked at
this occupation (month and
year)all
life11. Total time (years)
spent in this
occupationall
life

12. BIRTHPLACE (city or town)

(State or country)

Md

FATHER

13. NAME

Geo. Tolson

14. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)

(State or country)

unknown

17. INFORMANT

(Address)

Joseph Montgomerie
llalealam Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

Andrew Green
llalealam Md

20. FILED 11/18/35

19. Eva Chappell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov

15

1935

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY That I attended deceased from

Nov 1 1935 to Nov 15 1935

I last saw h. alive on Nov 15 1935; death is said

to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

acute endocarditis

Nov 1/35

Chronic articular rheumatism.

Duration: several years. C. S. R.

Other Contributory Causes of importance:

articular Rheumatism

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. D. Chappell

M. D.

(Address)

llalealam Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12963

1. PLACE OF DEATH

County CharlesVillage or City near Deutsville

No.

Registration Dist. No. 100

St.

Ward

Length of residence in city or town where death occurred

yrs.

2

mos.

24

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Robert Lee Green

(a) Residence: No.

near Deutsville

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

colored5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 21, 1935

7. AGE

Years

Months

Days

If LESS than

1 day, _____ hrs.
or _____ min.225

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Infant9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)near Deutsville Md.

FATHER

13. NAME

John Allie Green14. BIRTHPLACE (city or town)
(State or country)Charles Co.

MOTHER

15. MAIDEN NAME

Mary Florence Goldring16. BIRTHPLACE (city or town)
(State or country)Charles Co.17. INFORMANT
(Address)John Allie Green
Deutsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place

New Port Cemetery

Date

Nov. 15, 193519. UNDERTAKER
(Address)John Allie Green father
Deutsville Md

20. FILED

Nov. 15, 1935 William T. Posey

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 15, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 141935

to

19I last saw him alive on Nov. 14, 1935; death is saidto have occurred on the date stated above, at 2:00 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Bacillary dysentery.
acuteAcute gastro-enteritis is not meant.
Septic

Other Contributory Causes of importance:

Toxemia

Date of onset

Nov. 12-35

Name of operation

Date of

What last confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

James E. Nolan

M. O.

(Address)

La Plata Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
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Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12964

1. PLACE OF DEATH

County Charles Registration Dist. No. 100
 Village or City Wicomico No. 119 St. 100 Ward 100
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

William Jasper Bowman Hicks
 (a) Residence: No. Wicomico Md St. Ward.
 (Usual place of abode)
 If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Infant</u>
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>July 15-1935</u>		
7. AGE Years <u>3</u>	Months <u>3</u>	Days <u>16 days</u> If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Infant</u>		9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wicomico
 (State or country) Ches Co. Md.

13. NAME John Bowman
 14. BIRTHPLACE (city or town) Ches Co. Md.
 (State or country)

15. MAIDEN NAME Nancy Hicks
 16. BIRTHPLACE (city or town) Ches Co. Md.
 (State or country)

17. INFORMANT Nancy Hicks
 (Address) Wicomico Md.

18. BURIAL, CREMATION, OR REMOVAL
 Place Trinity Cemetery Date Nov 20 1935

19. UNDERTAKER Harriet Hicks
 (Address) Wicomico Md.

20. FILED Nov 20 1935 William Posey
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 1st, 1935
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
Oct 26, 1935, to Nov 1st, 1935

I last saw him alive on Nov 1st, 1935; death is said
 to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
 were as follows:

Diarrhea Date of onset Oct 20
Exhaustion
 Other Contributory Causes of Importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an eu'opsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) James E. Nolan M. D.
 (Address) La Plata Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authority to change name of child and name of father, see birth certificate and letter filed under D. V. Nolan, 12-12-25 B.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 1025

1 PLACE OF DEATH

County Charles

Village or City Riverside (No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William S. Hall Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Old 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH _____, 1935
(Month) (Day) (Year)

7 AGE 22 yrs. mos. ds. or min. ?
If LESS than 1 day hrs.

8 OCCUPATION
(a) Trade, profession or particular kind of work Laborers
(b) General nature of industry, business, or establishment in which employed or (employer) _____

9 BIRTHPLACE (State or country) Charles Co., Md.

10 NAME OF FATHER William Hall

11 BIRTHPLACE OF FATHER (State or country) Charles Co., Md.

12 MAIDEN NAME OF MOTHER Pettie Hall

13 BIRTHPLACE OF MOTHER (State or country) Charles Co., Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. A. Haiship

(Address) Riverside, Md.

15 Filed Nov 8 1935 W. S. Thompson Registrar
Local

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 6, 1935
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from _____, 192____, to _____, 192____

that I last saw h _____ alive on _____, 192____

and that death occurred on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Accidental
Fall off moving auto
and humel fractured
(Duration) _____ yrs. mos. da.

Contributory Secondary J. T. ...
(Duration) _____ yrs. mos. da.

(Signed) Chas. C. Bicknell M. D.
Nov. 6 1935 (Address) Marbury, Md.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death _____ yrs. mos. da. In the State, _____ yrs. mos. da.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Riverside Md DATE OF BURIAL Aug 8 1935

20 UNDERTAKER Hunt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public
Health Association.)

Wm. C. Brown

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia" or "Typhoid Lobar pneumonia, Bronchopneumonia" ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., or (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Emaciation," "Heart failure," "Hæmorrhage," "Hæmiplegia," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in the full, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 5 1935
BUREAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

12966

1. PLACE OF DEATH

County Charles Registration Dist. No. 100
 Village or City Bel Alton No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 3 yrs. 10 mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Jerrey Thompson, Sr.
 (a) Residence: No. Bel Alton, Md. St. _____ Ward _____
 (Usual place of abode)
 If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mary Proctor</u>		
6. DATE OF BIRTH (month, day, and year) <u>??, 1865</u>		
7. AGE Years <u>70</u> Months <u>?</u> Days <u>?</u> If LESS than 1 day, _____ hrs. or _____ min.	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____		
10. Date deceased last worked at this occupation (month and year) <u>Oct. 31, 1935</u>		
11. Total time (years) spent in this occupation <u>60 yrs.</u>		

12. BIRTHPLACE (city or town) Faulkner
 (State or country) Charles Co.

13. NAME James Thompson
 14. BIRTHPLACE (city or town) Faulkner
 (State or country) Charles Co.

15. MAIDEN NAME Mary
 16. BIRTHPLACE (city or town) Faulkner
 (State or country) Charles

17. INFORMANT Lee Thompson
 (Address) Bel Alton

18. BURIAL, CREMATION, OR REMOVAL
 Place St. Thomas Cemetery Nov 3, 1935

19. UNDERTAKER C W Polk
 (Address) Bel Alton Md

20. FILED Nov 2, 1935
M D Hayden
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

November 2nd, 1935
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____; death is said to have occurred on the date stated above, at 12⁰¹ A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerotic heart disease
Coronary thrombosis

Date of onset
11-1-35

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____

(Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Arteriosclerotic heart disease

(Signed) James P. MacKavanagh M. D.

(Address) Bel Alton, Md. Phys to Comm

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12967

1. PLACE OF DEATH

County

Chooles

Registration Dist. No.

108

Village or City

Bugtown

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 77 yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Gowuley R. Malfe

(a) Residence: No.

My house

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

me

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

me

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Estelle Tipton

6. DATE OF BIRTH (month, day, and year)

Apr 17 1858

7. AGE

Years

Months

Days

If LESS than

77

2

1

1 day

or

hrs.

min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Printed Teacher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Public Schools

10. Date deceased last worked at this occupation (month and year)

1930

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (city or town)

(State or country)

me

FATHER

13. NAME

mm Malfe

14. BIRTHPLACE (city or town)

(State or country)

me

MOTHER

15. MAIDEN NAME

Jane Baby

16. BIRTHPLACE (city or town)

(State or country)

me

17. INFORMANT

(Address)

Amelwood L. Malfe
Haltersville me

18. BURIAL, CREMATION, OR REMOVAL

Place

Old Fields

Date

Nov 21, 1935

19. UNDERTAKER

(Address)

Eleven in Quade
Haltersville me

20. FILED

11/21/35

19

Chapman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov 18, 1935

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Nov 17, 1935, to Nov 18, 1935

I last saw him alive on

Nov 18, 1935

death is said to have occurred on the date stated above, at 11:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cholelithiasis

Date of onset

11/17/35

Other Contributory Causes of importance:

Mitral Regurgitation

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. A. Chapman

M. D.

(Address)

Haltersville me

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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The principal cause of death and related causes of importance were as follows:

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Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN